PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/576,938

		CLAIMS A	AS FILED - I	PART I		SMALL ENT	ITY		OTHER	THAN
			(Column	1 1)	(Column 2)	TYPE		OR	SMALL E	
U.S	. NATIONAL S	STAGE FEES				RATE	-FEE		RATE	FEE
BAS	SIC FEE		SMALL ENT.	= \$ 150 LA	RGE ENT. = \$ 300	BASIC FEE		OR	BASIC FEE	300
EXA	MINATION FEI	E	Satisfies PCT Art (4) = \$50 /	, , ,	other situations = \$ 100 / \$ 200	I IEYAM EEE I			EXAM. FEE	200
SEA	RCH.FEE		U.S. is ISA = \$ ALL-other cour \$ 200 / \$ 4	50 / \$ 100 intries = ALI	L other situations = \$ 250 / \$ 500				SEARCH FEE	400
FEE	FOR EXTRA S	PEC. PGS.	minu	us 100 =	/ 50 =	X \$ 125 =			X \$ 250 =	
тот	AL CHARGEAE	3LE CLAIMS	17 mir	nus 20 = *		X \$ 25 =		OR	X \$ 50 =	
INDE	EPENDENT CL	AIMS	5 m	inus 3 = *	2	X \$ 100 =		OR	X \$ 200 =	400
MUL	TIPLE DEPEN	DENT CLAIM PRE	ESENT			+ \$ 180 =	·	OR	+ \$ 360 =	- /
* If	the difference	e in column 1 is l	less than zero	enter "0" in	column 2	TOTAL		OR	TOTAL	1300
	(CLAIMS AS (Column 1)) (Column 3)	SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY			
NT A		CLAIMS REMAINING AFTER . AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***	=	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	SENTATION OF M	AULTIPLE DEPI	ENDENT CLAI	+ \$ 180 =		OR	+ \$ 360 =		
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	•	(Column 1)		(Calumn 2	(Calumn 2)					
fT B		CLAIMS REMAINING AFTER AMENDMENT	·	(Column 2) HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA	RATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FEE
DME	Total	*	Minus	**	=	X \$ 25 =		OR.	X \$ 50 =	
AMENDMENT B	Independent	*	Minus	***	=	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	SENTATION OF M	+ \$ 180 =		OR	+ \$ 360 =				
				The supposed to the supposed t		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
**	If the "Highest Nu	umn 1 is less than th umber Previously Pa umber Previously Pa	aid For" IN THIS SF	PACE is less than	n '20', enter "20".			-		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

101 576, 238 PEDAG BATE UTLLCUTION

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U.S. DEPARTMENT of COMMERCE Potent and Trademark Office